## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

the date of leaving office.

☐ Candidate

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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- rease type or print in this.	·		TO OUD CES IIN
NAME (LAST)	(FIRST)	(MIDDLE)	DAY FIME PECEPHONE NUMBER
THRONE	LLOYD		
MAILING ADDRESS STREET (May use business address)	· CITY	STATE ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS
P. O. BOX 1947 SACRAMI		NTO CA 95812-1947	
1. Office, Agency, or Cou	rt	4. Schedule Summa	arv
Name of Office, Agency, or Court:		→ Total number of pages	
Dept. of Community Services & Development		including this cover page:2	
Division, Board, District, if applicab			•
Division, Bourd, District, it applicable.		<ul> <li>→ Check applicable schedules or "No reportable interests."</li> <li>I have disclosed interests on one or more of the attached schedules:</li> </ul>	
Your Position:			
Director		Schedule A-1 Yes –	schedule attached
If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)		Investments (Less than 10% Ownership)	
Agency:		Schedule A-2 X Yes – Investments (10% or greater Of	
Position:		Schedule B Yes -	schedule attached
2. Jurisdiction of Office (Check at least one box)		Schedule C Yes – schedule attached  Income, Loans, & Business Positioris (Income Other than Gifts	
⊠ State		and Travel Payments)	
County of		Schedule D Yes – Income – Gifts	schedule attached
City of		Schedule E Yes –	schedule attached
Multi-County		Income – Travel Payments	
Other		-or-	
		No reportable interests on any schedule	
3. Type of Statement (Che	ck at least one box)	,	
Assuming Office/Initial Date:/		5. Verification	
Annual: The period covered is January 1, 2007, through December 31, 2007.		I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.	
<b>-or-</b> ⊗ The period covered is <u>01 / 01 / 07</u> , through December 31, 2007.			
Leaving Office Date Left:/		I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
(Check one)	4.0007.11	:	
O The period covered is Januar date of leaving office.	ry 1, 2007, through the	Date Signed	3/12/07
-or-			(month, day, year)
O The period covered is/_	, through		

(File the originally gigned statement with your nili

Signature

## SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

LLOYD THRONE

➤ 1. BUSINESS ENTITY OR TRUST	> 1. BUSINESS ENTITY OR TRUST
BETH STONE	
Name	Name
Address	Address (%)
Check one  Trust, go to 2  Business Entity, complete the box, then go to 2	Check one  Trust, go to 2  Business Entity, complete the box, then go to
GENERAL DESCRIPTION OF BUSINESS ACTIVITY  Beth Stone-Speech Language Pathologist	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$2,000 - \$10,000  \$\$10,001 - \$100,000  \$100,001 - \$1,000,000  Cover \$1,000,000  Cover \$1,000,000	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000  // 07  // 07
NATURE OF INVESTMENT Sole Proprietorship Partnership Other	NATURE OF INVESTMENT Sole Proprietorship Partnership Other
YOUR BUSINESS POSITION NONE	YOUR BUSINESS POSITION
<ul> <li>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RAT SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)</li> </ul>	A > 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATE SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
S0 - \$499	\$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000
▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)
BETH STONE, SPOUSE	
<ul> <li>4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST</li> </ul> Check one box:	> 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST
INVESTMENT REAL PROPERTY	Check one box:  INVESTMENT REAL PROPERTY
ame of Business Entity <u>or</u> treet Address or Assessor's Parcel Number of Real Property	Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property
escription of Business Activity <u>or</u> ty or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
AIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$10,001 - \$100,000	\$10,001 - \$100,000
TURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
omments:	FPPC Form 700 (2007/2008) Sch. A- FPPC Toll-Free Helpline: 866/ASK-FPPC

